

**Universal 911 Dialing- First Transition Report**

Please read instructions before completing

**Section 1**

**Carrier Identification Information**

Parent Company Name

**CenturyTel, Inc.**

Service Provider Name

**CenturyTel Wireless**

Company Address, City, State, Zip

**P.O. Box 4065  
Monroe, LA 71211-4065**

Service Provider Type

☐ Wireless

☐ Wireline

**Wireless**

Name(s) of Wireless License Holder(s)

**Century Cellunet of Arkansas RSA 12 Cellular L.P., Century Cellunet of Louisiana RSA #4 Cellular L.P.,  
Century Cellunet of North Louisiana Cellular L.P., Pacific Telecom Cellular of Michigan, Inc., Wisconsin  
RSA 2 Partnership, Wisconsin RSA 4 L.P.**

Contact Name

**Deborah Sommers**

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E-mail Address

**Deborah.sommers@centurytel.com**

**Section 2**

**Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

**Cleveland County, Arkansas, Catahoula Parish, Louisiana, Red River Parish, Louisiana, Tensas Parish,  
Louisiana, La Salle Parish, Louisiana, Gogebic County, Michigan, Keweenaw County, Michigan,  
Ontonagon County, Michigan, Schoolcraft County, Michigan, Choctaw County, Mississippi, Bayfield  
County Wisconsin, Menominee County, Wisconsin**

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

**Cleveland County, Arkansas - Cleveland County Sheriff Department**  
**Catahoula Parish, Louisiana - Catahoula Parish Sheriff Department**  
**Red River Parish, Louisiana - Red River Parish Sheriff Department**  
**Tensas Parish, Louisiana - Tensas Parish Sheriff Department**  
**Tensas Parish, Louisiana – Vidalia Exchange – Vidalia Police Department**  
**La Salle Parish, Louisiana - La Salle Parish Sheriff Department**  
**Gogebic County, Michigan - Michigan State Police Dispatch**  
**Keweenaw County, Michigan - Holton County 911 Dispatch**  
**Ontonagon County, Michigan - Michigan State Police Dispatch**  
**Schoolcraft County, Michigan – Schoolcraft County Sheriff Department**  
**Choctaw County, Mississippi - Choctaw County Sheriff Department**  
**Bayfield County, Wisconsin - Ashland County 911 Dispatch**  
**Menominee County, Wisconsin - Menominee County 911 Central Dispatch**

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

In the counties where 911 service is not yet available, CenturyTel Wireless has been providing abbreviated 911 dialing for some time prior to the Commission's December 2001 Order. CenturyTel Wireless, on its own initiative, worked with local emergency service providers in the locations listed above to identify the appropriate county emergency contact points for 911 callers where no 911 public safety answering point (PSAP) had been designated. As more specifically directed by the Commission in its December 2001 Order, CenturyTel Wireless is now in the process of working with the state governments to ensure that these calls still are being directed to the appropriate contact points. To the extent that the state governments identify contact points for their counties that differ from the current ones, CenturyTel Wireless will work to re-route 911 calls to those new contact points. CenturyTel Wireless will also work with these states as they identify PSAPs for these counties, in accordance with the Commission's December 2001 Order.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

### **Section 3**

#### **911 Implementation Problems**

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

**Section 4****Certification - To be signed by an authorized representative of the reporting entity**

\_\_\_\_ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

**X** I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of March 11, 2002.

Signature **Submitted electronically by Deborah Sommers**

Printed name of authorized representative **Deborah Sommers**

Title **Analyst II, Government Relations Department**

Date **March 11, 2002**

This filing is:     ☒ original filing     ☐ revised filing

**PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.**

